



Connecticut State Dental Association

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Legislative Testimony Insurance Committee

HB 5013 AAC the Board Members of the Connecticut Health Insurance Exchange

**Tuesday, February 14, 2012
Carolyn Malon, DDS**

Senator Crisco, Representative Megna, and members of the Insurance Committee, my name is Carolyn Malon and I currently serve as President-Elect of the Connecticut State Dental Association. The Connecticut State Dental Association (CSDA) has been the trusted leader and voice for oral healthcare in Connecticut since 1864 and represents 75% of Connecticut dentists. I am here today to comment on the composition of the Board Members of the Connecticut Health Insurance Exchange as outlined in HB 5013 An Act Concerning the Board Members of the Connecticut Health Insurance Exchange.

As oral health practitioners dentists recognize that good oral health is integral to overall health. In fact numerous recent scientific studies have indicated that there are associations between oral health and a variety of general health conditions- including diabetes and heart disease. It is important that any plan considered by the Exchange offer a dental component to it.

According to the National Association of Dental Plans (NADP), about 98% of Americans with dental coverage have a dental benefit policy separate from their medical policy. Dental benefits have more predictable costs and vary significantly from medical insurance, which is necessary to insure against catastrophic loss. About 80% of dentists are general practitioners rather than specialists, while the opposite is true for medicine. The disciplines use different procedure coding systems. Dentistry has a coding system for treatment but there is still not a widely adopted coding system for

diagnosis. Therefore we strongly suggest that the Exchange Board establish a dental subcommittee composed of dental carriers, the CSDA, and other stakeholders in the state to provide recommendations on dental coverage issues, including establishing the oral health essential benefit package and which state mandates are included in that package, ensuring adequate provider networks, and maximizing plan transparency and competition and consumer protections.

Coordination between medical and dental plans will also be crucial to success. As the pediatric oral health benefit is being designed, it is important to ensure that every child will be able to access needed services to address a health condition when medical and dental care are both clinically required. There are health care situations that exist where an underlying medical condition may necessitate a dental intervention and there must be coordination between the medical and dental plans to ensure that these kids don't "fall through the cracks." This situation has caused problems in the past as both medical and dental plans question whether and how the dental service and the anesthesia needed to perform the service are covered. Additionally, children born with birth defects may require additional services that necessitate coordination between medicine and dentistry. In these situations necessitating both dental and medical services, the key issue is ensuring proper coordination between the coverage provided by medical and dental plans, and clarity about which services are covered by the respective plans to avoid coverage denials by both plans.

Please feel free to contact me if you would like to discuss this issue further.
Thank you.

Sincerely,

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